

WRIT OF POSSESSION

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Defendant(s)	
Effective Date of Writ of Possession:	Court Date:
Premises Address:	
<div>WRIT OF POSSESSION</div> <p><b>THE STATE OF HAWAI‘I:</b></p> <p><b>TO:</b> The Director of Public Safety of the State of Hawai‘i, his/her deputy or any police officer or other person authorized by the laws of the State of Hawai‘i.</p> <p>Plaintiff(s) appeared on the Court Date above before the Presiding Judge of the above-entitled Court and obtained a Judgment in Summary Possession under the provisions of Hawai‘i Revised Statutes §666-11, against Defendant(s) for the possession of the premises located at the address specified above.</p> <p><b>NOW, YOU ARE COMMANDED TO REMOVE</b> Defendant(s) and all persons holding under or through him/her/them from the premises above-mentioned, including his/her/their personal belongings and properties, and to put Plaintiff(s) in full possession thereof; and make due return of the writ within 180 days from the date of this Writ unless extended by order of this Court.</p>	
Date:	Judge of the above-entitled Court

SEE REVERSE SIDE

I certify that this is a full, true, and correct  
copy of the original on file in this office.

Clerk, District Court of the above Circuit, State of Hawai‘i

I am duly authorized by Hawai'i law to serve this Writ and I executed this Writ on the following person(s):

at \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Date:

Signature of Serving Officer:

Print/Type Name:

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 961-7470, FAX 961-7447, or TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.